

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION:**

**SOAH DOCKET NO. 453-04-3077.M5**

MDR Tracking Number: M5-04-0242-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 19, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, electrical stimulation, vasopneumatic device therapy, joint mobilization, therapeutic exercises, aquatic therapy, and office consultation were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the disputed services listed above.

This findings and decision is hereby issued this 31<sup>st</sup> day of December 2003.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031 and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10/21/02 through 11/11/02

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 31<sup>st</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/pnr

December 31, 2003

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: MDR #: M5-04-0242-01  
IRO Certificate No.: IRO 5055

**AMENDED DECISION**  
**Adding "Regional Manipulation" to Disputed Services**

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Clinical History:**

This male claimant was injured at work on \_\_\_, resulting in sharp pains in his low back with radiating pain down the right leg to the foot. He went to a medical doctor and was prescribed painkillers and muscle relaxers. He has also undergone an EMG that revealed acute lumbar radiculopathy. He began chiropractic rehab on 06/25/02, and on 09/16/02 began lumbar disc decompression in an effort to avoid surgery.

**Disputed Services:**

Office visits, electrical stimulation, vasopneumatic device therapy, joint mobilization, therapeutic activities, therapeutic exercises, aquatic therapy, regional manipulation and office consultation during the period of 10/21/02 through 11/11/02.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services and treatments in dispute as listed above were medically necessary in this case.

**Rationale:**

The records provided for review clearly show benefit and consistent improvement from the disc decompression and aquatic therapy. The records document what was done, for how long, and how the patient responded. These therapies were done in the office due

to their inability to be done at home. At no time did the patient appear to be unresponsive to the treatment plan, nor did the treatments seem to provoke chronicity in the patient's symptoms.

Also, this treatment period falls into the sub-acute phase, or Phase 2, of healing as defined by the Texas Spinal Treatment Guidelines and the Chiropractic Quality Assurance treatment protocols as published by the TCA.

These therapies were medically necessary and did promote recovery and enhanced the patient's ability to return to work.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,